



CLIO AREA SCHOOLS

Authorization Agreement for
Direct Deposits & ACH Credits/Debits

EMPLOYEE NAME _____

I hereby authorize representatives of Clio Area Schools to initiate credit/debit entries to the depository financial institution in the account(s) indicated below. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of the U.S. law.

CHECKING

SAVINGS ACCOUNT

Please Fill This Out **COMPLETELY**

Name of Bank: _____

Routing Number: _____ Account Number: _____

Amount: \$ _____

Entire Check

If Applicable:

21 pays

26 pays

IMPORTANT: By signing this form I have confirmed the ACH (routing) and account numbers with my financial institution(s) and understand that if I provide incorrect information, my monies will NOT be available on payday due to the electronic reprocessing function and my failure to provide accurate information. I further authorize the district to recapture any electronic transmission transferred in error.

This authorization is to remain in full force and effect until Clio Area Schools has received written notification from me of its termination in such a manner as to afford Clio Area Schools and the depository a reasonable opportunity to act upon said notification.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____